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CHALENG 2004 Survey: El Paso VA HCS, TX - 756

VISN 18

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 150

2. Point-in-time estimate of Veterans who are Chronically Homeless: 31

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **150** (point-in-time estimate of homeless veterans in service area) **X 29%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 71%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 31** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	349	80
Transitional Housing Beds	196	60
Permanent Housing Beds	10	130

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 1

3. CHALENG Point of Contact Action Plan for FY 2005

Long-term, permanent housing	Will continue to forge ahead in development of memorandum of agreement between El Paso and local service providers to secure Section 8 housing certificates. Develop working relationships with local housing developers to secure rent-reduced/subsidized apartments. Utilize resources available through submitted special needs NOFA to access/maintain permanent housing.
Transitional living facility	Research/develop mechanism for establishment of TLC for hard-to-serve homeless veterans. Investigate feasibility of establishing memorandum of agreement between existing TLC facilities to clarify system of entry and case of access to housing.
Services for emotional or psychiatric problems	Utilize special needs funding to expand entrance into psychiatric services. Refer combat veterans to El Paso Vet Center for long-term counseling. Update members/service providers of existing/proposed mental health programs. Enter into formal agreement with Homeless Mental Health Initiative to admit homeless veterans access to psychiatric services outside of the VAHCS.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 47 Non-VA staff Participants: 89%
Homeless/Formerly Homeless: 9%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	2.31	34%	2.25	1
2	Dental care	2.43	2%	2.34	2
3	Help managing money	2.56	2%	2.71	7
4	Eye care	2.64	2%	2.65	5
5	Job training	2.67	10%	2.88	14
6	Glasses	2.68	0%	2.67	6
7	Detoxification from substances	2.71	10%	3.11	22
8	Discharge upgrade	2.85	0%	2.90	15
9	Treatment for dual diagnosis	2.86	7%	3.01	18
10	Legal assistance	2.86	7%	2.61	4
11	Child care	2.88	2%	2.39	3
12	Services for emotional or psychiatric problems	2.89	17%	3.20	25
13	Help with finding a job or getting employment	2.89	5%	3.00	17
14	Spiritual	2.91	5%	3.30	27
15	Guardianship (financial)	2.94	5%	2.76	9
16	Women's health care	3	2%	3.09	21
17	Treatment for substance abuse	3.05	17%	3.30	28
18	Drop-in center or day program	3.06	0%	2.77	10
19	Welfare payments	3.06	0%	2.97	16
20	SSI/SSD process	3.06	2%	3.02	19
21	Personal hygiene (shower, haircut, etc.)	3.11	2%	3.21	26
22	Halfway house or transitional living facility	3.16	20%	2.76	8
23	AIDS/HIV testing/counseling	3.17	2%	3.38	30
24	Education	3.17	5%	2.88	13
25	VA disability/pension	3.23	0%	3.33	29
26	Help with medication	3.25	5%	3.18	24
27	Help getting needed documents or identification	3.26	2%	3.16	23
28	Help with transportation	3.27	5%	2.82	11
29	Family counseling	3.29	0%	2.85	12
30	Clothing	3.3	2%	3.40	31
31	Hepatitis C testing	3.39	2%	3.41	32
32	Emergency (immediate) shelter	3.49	12%	3.04	20
33	TB testing	3.49	0%	3.58	36
34	Food	3.51	5%	3.56	35
35	Medical services	3.53	7%	3.55	34
36	TB treatment	3.53	0%	3.45	33

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.5	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.41	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	4.02	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3.98	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.9	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	3.73	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.44	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.49	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.44	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.45	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.12	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.52	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.85	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.09	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.09	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.97	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.72	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.68	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.93	1.84

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CHALENG 2004 Survey: VA New Mexico HCS - 501

VISN 18

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 842

2. Point-in-time estimate of Veterans who are Chronically Homeless: 144

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **842** (point-in-time estimate of homeless veterans in service area) **X 22%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 79%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 144** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	548	250
Transitional Housing Beds	406	650
Permanent Housing Beds	430	450

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Long-term, permanent housing	Continue collaboration with Albuquerque Homeless Advisory Coalition in the Continuum of Care efforts to obtain permanent housing funds.
Immediate shelter	Albuquerque Opportunity Center will keep phasing in additional beds to maximum capacity of 111 beds.
Transitional living facility	VA Grant and Per Diem has approved three facilities in New Mexico for transitional beds, two in Albuquerque, one in Las Vegas. Should be open in FY 2005. Will continue to collaborate with community and/or state agencies and coalitions in efforts to obtain funding for additional transitional housing.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 34 Non-VA staff Participants: 62% Homeless/Formerly Homeless: 9%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	2	36%	2.25	1
2	Job training	2.43	4%	2.88	14
3	Halfway house or transitional living facility	2.44	26%	2.76	8
4	Child care	2.45	0%	2.39	3
5	Glasses	2.47	7%	2.67	6
6	Eye care	2.52	4%	2.65	5
7	Legal assistance	2.53	0%	2.61	4
8	Help managing money	2.55	0%	2.71	7
9	Help with finding a job or getting employment	2.55	7%	3.00	17
10	Emergency (immediate) shelter	2.59	19%	3.04	20
11	Help with transportation	2.61	0%	2.82	11
12	Education	2.62	4%	2.88	13
13	Dental care	2.65	7%	2.34	2
14	Detoxification from substances	2.74	7%	3.11	22
15	Services for emotional or psychiatric problems	2.74	15%	3.20	25
16	Treatment for dual diagnosis	2.74	7%	3.01	18
17	SSI/SSD process	2.74	4%	3.02	19
18	Discharge upgrade	2.76	0%	2.90	15
19	Treatment for substance abuse	2.78	0%	3.30	28
20	Welfare payments	2.83	0%	2.97	16
21	Family counseling	2.87	0%	2.85	12
22	Help getting needed documents or identification	2.93	11%	3.16	23
23	Help with medication	2.94	0%	3.18	24
24	Guardianship (financial)	3	7%	2.76	9
25	Spiritual	3	11%	3.30	27
26	Women's health care	3.03	0%	3.09	21
27	Personal hygiene (shower, haircut, etc.)	3.06	0%	3.21	26
28	Drop-in center or day program	3.1	0%	2.77	10
29	VA disability/pension	3.2	19%	3.33	29
30	AIDS/HIV testing/counseling	3.26	0%	3.38	30
31	TB testing	3.26	0%	3.58	36
32	TB treatment	3.26	0%	3.45	33
33	Hepatitis C testing	3.29	0%	3.41	32
34	Medical services	3.5	7%	3.55	34
35	Food	3.56	0%	3.56	35
36	Clothing	3.67	0%	3.40	31

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.88	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.16	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	4.3	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	4.29	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	4.25	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	4	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.81	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.74	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.21	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	3.2	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.56	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.14	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.43	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.23	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.4	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.48	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.26	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.55	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.8	1.84

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CHALENG 2004 Survey: VA Northern Arizona HCS - 649

VISN 18

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 1000

2. Point-in-time estimate of Veterans who are Chronically Homeless: <DATA NOT AVAILABLE>

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **1000** (point-in-time estimate of homeless veterans in service area) **X <DATA NOT AVAILABLE>%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X <DATA NOT AVAILABLE>%** (percentage of veterans served who had a mental health or substance abuse disorder) **= <DATA NOT AVAILABLE>** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	33	20
Transitional Housing Beds	167	75
Permanent Housing Beds	40	30

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Immediate shelter	We have presented on need at local homeless coalition meeting.
Transitional living facility	We have presented on need at local homeless coalition meeting.
Detoxification from substances	We have presented on need at local homeless coalition meeting.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 13 Non-VA staff Participants: 100% Homeless/Formerly Homeless: 15%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	1.92	31%	2.25	1
2	Dental care	1.92	8%	2.34	2
3	Eye care	1.92	0%	2.65	5
4	Glasses	2.08	8%	2.67	6
5	Help with transportation	2.08	15%	2.82	11
6	Drop-in center or day program	2.17	8%	2.77	10
7	Emergency (immediate) shelter	2.31	31%	3.04	20
8	Detoxification from substances	2.31	23%	3.11	22
9	Help managing money	2.33	0%	2.71	7
10	Child care	2.33	0%	2.39	3
11	Legal assistance	2.33	0%	2.61	4
12	Help getting needed documents or identification	2.5	0%	3.16	23
13	Education	2.5	0%	2.88	13
14	Halfway house or transitional living facility	2.58	8%	2.76	8
15	Discharge upgrade	2.6	8%	2.90	15
16	Treatment for dual diagnosis	2.62	0%	3.01	18
17	Family counseling	2.62	0%	2.85	12
18	Guardianship (financial)	2.64	8%	2.76	9
19	Women's health care	2.69	0%	3.09	21
20	VA disability/pension	2.8	0%	3.33	29
21	Job training	2.83	8%	2.88	14
22	Help with medication	2.85	0%	3.18	24
23	Help with finding a job or getting employment	2.85	15%	3.00	17
24	Personal hygiene (shower, haircut, etc.)	2.92	0%	3.21	26
25	Services for emotional or psychiatric problems	2.92	0%	3.20	25
26	AIDS/HIV testing/counseling	2.92	0%	3.38	30
27	Welfare payments	2.92	0%	2.97	16
28	Treatment for substance abuse	3	8%	3.30	28
29	TB treatment	3	0%	3.45	33
30	Hepatitis C testing	3	0%	3.41	32
31	TB testing	3.08	0%	3.58	36
32	SSI/SSD process	3.08	0%	3.02	19
33	Medical services	3.15	0%	3.55	34
34	Spiritual	3.17	15%	3.30	27
35	Food	3.38	8%	3.56	35
36	Clothing	3.69	8%	3.40	31

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.62	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	2.92	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	3.33	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3.62	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.08	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	2.92	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.18	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	2.8	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	1.67	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.5	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.25	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.42	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.25	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.25	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.25	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.33	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.25	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.33	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.25	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.33	1.84

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CHALENG 2004 Survey: VA Southern Arizona HCS - 678

VISN 18

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 250

2. Point-in-time estimate of Veterans who are Chronically Homeless: 48

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **250** (point-in-time estimate of homeless veterans in service area) **X 27%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 70%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 48** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	200	100
Transitional Housing Beds	98	200
Permanent Housing Beds	345	100

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 12

3. CHALENG Point of Contact Action Plan for FY 2005

Long-term, permanent housing	Continue developing relationships with local government housing to secure more permanent housing options. Build on success of current VA Supported Housing participants and work with city in acquiring more Section 8 vouchers. Continue to be active in local planning council's initiatives in developing plan towards ending area homelessness.
Dental Care	Continue efforts to increase case-managed clients who qualify for one-time VA care and work with our dental service to increase availability of services. Continue working with community agencies (El Rio, St. Elizabeth of Hungary, Hopefest) to allow vet referrals and increased level of services.
Transitional living facility	Continue close working relationship with community agencies (Comin' Home, Esperanza En Escalante, La Frontera, Primavera, etc.) to assist in finding additional funding resources for more transitional housing. Continue trying to obtain Shelter Plus beds for direct placement from VA Healthcare for Homeless Veterans program. Continue working on community relationships with half-way houses and correctional facilities to expand low-income options for clients requiring this level of housing.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 39 Non-VA staff Participants: 70% Homeless/Formerly Homeless: 36%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Dental care	1.75	26%	2.34	2
2	Eye care	2.08	0%	2.65	5
3	Long-term, permanent housing	2.11	21%	2.25	1
4	Glasses	2.19	3%	2.67	6
5	Child care	2.48	0%	2.39	3
6	Legal assistance	2.52	8%	2.61	4
7	Help with transportation	2.57	5%	2.82	11
8	Guardianship (financial)	2.58	0%	2.76	9
9	Help managing money	2.61	3%	2.71	7
10	Help with finding a job or getting employment	2.74	3%	3.00	17
11	Welfare payments	2.75	3%	2.97	16
12	SSI/SSD process	2.79	5%	3.02	19
13	Job training	2.8	10%	2.88	14
14	Family counseling	2.81	3%	2.85	12
15	Discharge upgrade	2.82	0%	2.90	15
16	VA disability/pension	2.89	10%	3.33	29
17	Education	2.9	0%	2.88	13
18	Drop-in center or day program	2.91	0%	2.77	10
19	Halfway house or transitional living facility	2.97	18%	2.76	8
20	Help getting needed documents or identification	2.97	0%	3.16	23
21	Services for emotional or psychiatric problems	3.03	13%	3.20	25
22	Treatment for dual diagnosis	3.03	5%	3.01	18
23	Emergency (immediate) shelter	3.11	15%	3.04	20
24	Women's health care	3.16	3%	3.09	21
25	Help with medication	3.2	3%	3.18	24
26	Personal hygiene (shower, haircut, etc.)	3.32	3%	3.21	26
27	AIDS/HIV testing/counseling	3.35	0%	3.38	30
28	Spiritual	3.38	10%	3.30	27
29	Food	3.41	8%	3.56	35
30	Treatment for substance abuse	3.41	13%	3.30	28
31	Hepatitis C testing	3.42	0%	3.41	32
32	Clothing	3.51	8%	3.40	31
33	TB treatment	3.58	0%	3.45	33
34	Detoxification from substances	3.61	8%	3.11	22
35	Medical services	3.61	3%	3.55	34
36	TB testing	3.82	0%	3.58	36

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.79	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.24	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	4.03	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	4.06	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	4.09	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	4	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.81	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	4	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.18	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.65	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.47	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	3.25	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.5	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.36	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.2	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.87	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.53	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.07	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.93	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VAMC Amarillo, TX - 504

VISN 18

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 200

2. Point-in-time estimate of Veterans who are Chronically Homeless: <DATA NOT AVAILABLE>

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **200** (point-in-time estimate of homeless veterans in service area) **X <DATA NOT AVAILABLE>%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X <DATA NOT AVAILABLE>%** (percentage of veterans served who had a mental health or substance abuse disorder) **= <DATA NOT AVAILABLE>** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	509	50
Transitional Housing Beds	105	158
Permanent Housing Beds	37	296

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Transitional living facility	Develop additional transitional housing beds.
Long-term, permanent housing	Develop additional permanent housing beds.
Job Training	Work with coalition members to develop job training programs.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 33 Non-VA staff Participants: 88%
Homeless/Formerly Homeless: 0%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	2.23	12%	2.25	1
2	Dental care	2.44	15%	2.34	2
3	Legal assistance	2.55	0%	2.61	4
4	Child care	2.6	4%	2.39	3
5	Help managing money	2.63	0%	2.71	7
6	Help with transportation	2.67	4%	2.82	11
7	Halfway house or transitional living facility	2.69	35%	2.76	8
8	Job training	2.77	12%	2.88	14
9	Eye care	2.78	8%	2.65	5
10	Glasses	2.78	4%	2.67	6
11	Guardianship (financial)	2.79	0%	2.76	9
12	Help with finding a job or getting employment	2.83	15%	3.00	17
13	Help getting needed documents or identification	2.83	4%	3.16	23
14	Detoxification from substances	2.84	12%	3.11	22
15	Services for emotional or psychiatric problems	2.87	12%	3.20	25
16	Treatment for dual diagnosis	2.9	0%	3.01	18
17	Education	2.97	0%	2.88	13
18	Family counseling	3	4%	2.85	12
19	Treatment for substance abuse	3.03	12%	3.30	28
20	Drop-in center or day program	3.03	4%	2.77	10
21	Discharge upgrade	3.04	0%	2.90	15
22	Welfare payments	3.07	0%	2.97	16
23	Spiritual	3.1	8%	3.30	27
24	Help with medication	3.16	4%	3.18	24
25	Emergency (immediate) shelter	3.2	12%	3.04	20
26	TB treatment	3.23	0%	3.45	33
27	SSI/SSD process	3.23	0%	3.02	19
28	AIDS/HIV testing/counseling	3.32	4%	3.38	30
29	TB testing	3.32	0%	3.58	36
30	Women's health care	3.4	0%	3.09	21
31	Medical services	3.45	8%	3.55	34
32	Hepatitis C testing	3.45	4%	3.41	32
33	Personal hygiene (shower, haircut, etc.)	3.58	0%	3.21	26
34	VA disability/pension	3.69	4%	3.33	29
35	Clothing	3.93	0%	3.40	31
36	Food	4.03	4%	3.56	35

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.42	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.09	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	3.66	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3.84	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.66	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	3.63	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.73	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.41	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.29	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.5	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.63	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.5	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.33	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.23	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.63	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.43	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.47	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.43	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.38	1.84

Prepared by John Nakashima, Ph.D., MSW
Program Analyst, Community Care, VA Greater Los Angeles HCS

CHALENG 2004 Survey: VA West Texas HCS - 519

VISN 18

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 1500

2. Point-in-time estimate of Veterans who are Chronically Homeless: 202

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **1500** (point-in-time estimate of homeless veterans in service area) **X 17%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 81%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 202** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	12	20
Transitional Housing Beds	0	75
Permanent Housing Beds	0	0

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 10

3. CHALENG Point of Contact Action Plan for FY 2005

Transitional living facility	Seek funding sources from government and private resources.
Treatment for Dual Diagnosis	Continue to refer to WTVAHCS intensive outpatient SATP, outpatient mental health services and other network and community services.
Job Training	Network with local community job retraining and vocational rehabilitation.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 23 Non-VA staff Participants: 87%
Homeless/Formerly Homeless: 0%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Halfway house or transitional living facility	1.67	65%	2.76	8
2	Long-term, permanent housing	1.67	35%	2.25	1
3	Drop-in center or day program	1.81	0%	2.77	10
4	Treatment for dual diagnosis	1.9	0%	3.01	18
5	Dental care	2	5%	2.34	2
6	Eye care	2	5%	2.65	5
7	Legal assistance	2	0%	2.61	4
8	Guardianship (financial)	2.05	0%	2.76	9
9	Help managing money	2.05	0%	2.71	7
10	Detoxification from substances	2.1	10%	3.11	22
11	Child care	2.1	0%	2.39	3
12	Glasses	2.24	0%	2.67	6
13	Treatment for substance abuse	2.29	0%	3.30	28
14	Services for emotional or psychiatric problems	2.38	0%	3.20	25
15	Education	2.43	0%	2.88	13
16	Family counseling	2.57	0%	2.85	12
17	Women's health care	2.57	0%	3.09	21
18	Help with medication	2.57	0%	3.18	24
19	AIDS/HIV testing/counseling	2.57	0%	3.38	30
20	Job training	2.6	20%	2.88	14
21	Hepatitis C testing	2.62	0%	3.41	32
22	Help getting needed documents or identification	2.62	0%	3.16	23
23	Help with transportation	2.62	0%	2.82	11
24	Discharge upgrade	2.62	0%	2.90	15
25	TB treatment	2.71	0%	3.45	33
26	Personal hygiene (shower, haircut, etc.)	2.76	5%	3.21	26
27	Help with finding a job or getting employment	2.76	0%	3.00	17
28	TB testing	2.81	0%	3.58	36
29	Emergency (immediate) shelter	2.86	25%	3.04	20
30	Welfare payments	2.9	0%	2.97	16
31	Clothing	3.1	5%	3.40	31
32	SSI/SSD process	3.1	0%	3.02	19
33	Medical services	3.19	5%	3.55	34
34	VA disability/pension	3.38	10%	3.33	29
35	Food	3.41	10%	3.56	35
36	Spiritual	3.43	5%	3.30	27

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.14	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	2.9	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	3.9	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	3.55	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.9	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	3.7	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.57	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.32	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	1.95	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.65	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.5	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.65	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.35	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.26	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.4	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.35	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.3	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.35	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.45	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.4	1.84

Prepared by John Nakashima, Ph.D., MSW
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CHALENG 2004 Survey: VAMC Phoenix, AZ - 644

VISN 18

A. Homeless Veteran Estimates

1. Point-in-time estimate of Homeless Veterans (from the CHALENG Point of Contact Survey): 3000

2. Point-in-time estimate of Veterans who are Chronically Homeless: 644

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf)

This veteran chronic homeless estimate is a conservative estimate. The following formula was used to obtain this estimate*:

> **3000** (point-in-time estimate of homeless veterans in service area) **X 28%** (percentage of veterans served who indicate being homeless for a year or more at intake) **X 76%** (percentage of veterans served who had a mental health or substance abuse disorder) **= 644** (facility veteran chronic homeless estimate).

*Note: point-in-time estimate of homeless veterans in service area comes from CHALENG POC survey. Percentage of veterans 'homeless 1 year or more' and 'mental health or substance abuse disorder' based on FY 2004 homeless veteran intake data provided by the VA Northeast Program Evaluation Center (NEPEC). Percentages are rounded for clarity, so the actual calculated figure may be slightly different.

Our estimate does not include individuals who were <u>not</u> homeless for a year or more, but may have had four episodes in the past three years (VA NEPEC FY 2004 data does not record this information, but the FY 2005 data will).

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	400	150
Transitional Housing Beds	26	300
Permanent Housing Beds	12	500

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2004: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Education	Life skills training is scheduled to begin in October 2004 on a trial basis.
Long-term, permanent housing	Continue to partner with Arizona Coalition to End Homelessness in securing funds and additional resources for long-term housing via $25 million Homeless Campus Project Initiative. The VAMC VA Healthcare for Homeless Veterans program continues to identify HUD-subsidized programs locally.
Legal Assistance	Legal representatives will be onsite for the 2005 Stand Down.

B. Data from the CHALENG Participant Survey

Number of Participant Surveys: 18 Non-VA staff Participants: 100% Homeless/Formerly Homeless: 11%

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Rank	Need	Score	*% want to work on this need now	**VHA score	**VHA Rank
1	Long-term, permanent housing	2.21	14%	2.25	1
2	Dental care	2.23	23%	2.34	2
3	Legal assistance	2.38	8%	2.61	4
4	Halfway house or transitional living facility	2.5	38%	2.76	8
5	Emergency (immediate) shelter	2.53	31%	3.04	20
6	Child care	2.54	0%	2.39	3
7	Family counseling	2.64	8%	2.85	12
8	Discharge upgrade	2.64	0%	2.90	15
9	Eye care	2.69	0%	2.65	5
10	Help managing money	2.71	0%	2.71	7
11	Glasses	2.77	0%	2.67	6
12	Education	2.79	7%	2.88	13
13	Services for emotional or psychiatric problems	2.86	0%	3.20	25
14	Treatment for dual diagnosis	2.86	0%	3.01	18
15	Guardianship (financial)	2.86	0%	2.76	9
16	Help with transportation	2.86	0%	2.82	11
17	Drop-in center or day program	2.92	0%	2.77	10
18	Welfare payments	2.92	0%	2.97	16
19	Job training	2.92	0%	2.88	14
20	Help with finding a job or getting employment	2.92	0%	3.00	17
21	Clothing	3	15%	3.40	31
22	Help getting needed documents or identification	3	0%	3.16	23
23	Personal hygiene (shower, haircut, etc.)	3.07	8%	3.21	26
24	Food	3.07	15%	3.56	35
25	Detoxification from substances	3.07	8%	3.11	22
26	Spiritual	3.15	15%	3.30	27
27	Treatment for substance abuse	3.21	0%	3.30	28
28	Women's health care	3.23	0%	3.09	21
29	SSI/SSD process	3.23	15%	3.02	19
30	Hepatitis C testing	3.31	8%	3.41	32
31	Help with medication	3.54	0%	3.18	24
32	VA disability/pension	3.54	0%	3.33	29
33	TB treatment	3.69	0%	3.45	33
34	AIDS/HIV testing/counseling	3.85	8%	3.38	30
35	TB testing	3.92	0%	3.58	36
36	Medical services	4.07	0%	3.55	34

*** % of Participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (all 138 POC sites, n=4286).**

2. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site	**VHA**
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.47	3.60
Community Accessibility: In general, how accessible do you feel community services are to homeless veterans?	3.27	3.25
VA Commitment: Rate the VA's level of commitment to cooperating with your agency to serve homeless veterans.	3.86	3.91
Community Commitment: Rate your agency's level of commitment to cooperating with the VA to serve homeless veterans.	4.36	4.05
VA Cooperation: Rate the VA's level of cooperation with your agency in coordinating services for homeless veterans.	3.71	3.89
Community Cooperation: Rate your agency's level of cooperation with the VA in coordinating services for homeless veterans.	4	3.90
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.62	3.70
Community Service Coordination: Rate the ability of your agency to coordinate clinical services for homeless veterans with the VA.	3.62	3.64

3. Level of Collaboration Activities Between VA and Community

Implementation Scale **1 = None**, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site**	**VHA**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.6	2.24
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.73	2.12
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.93	2.47
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.29	1.77
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.21	1.75
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.43	1.83
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.71	2.21
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.43	1.77
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.21	1.72
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.54	1.77
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.5	1.84